

STATE OF MAINE Bureau of Insurance

License Application For

Reins	surance Intermedia	ry Broker 🔲 Re	insurance Interm	ediary Manager
Applicant is:	Individual Corporation	☐ Limited Liabi ☐ Partnership	ity Company	Other (explain)
• ,	,	, .	s in the State of Maine,	nited Liability Companies (Title enclose proof of approval.
	g the firm, including na	y, Corporation, Partnerme, address and license	e number.	nit an attachment listing all
1. Name of applicar	nt:			
2. FEIN or SSN as	applicable:			
3. Business addres	s:			
4. Telephone numb	er		Fax Number	
	ently licensed as a prod		Yes	☐ No
	Resident	Non Resident	License #	
	ently licensed in anothe Agent	Producer Rei	nsurance Intermediar	y Broker/ Manager
7. Does applicant have an office in Maine?			Yes	☐ No
8. Has applicant ev	er had an insurance ag	ent, reinsurance interm	ediary, producer, or b	roker
license refused,	suspended, or revoked	?	Yes	☐ No
	If "Yes" attach writ	tten explanation		
If application is for reinsurers representations		diary <u>Manager,</u> provide	a copy of contracts w	ith

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34 State House Station, Augusta, ME 04333-0034 - Telephone 207-624-8489

I hereby certify that I am in compliance with and will continue to comply with all Title 24-A requirements with regard to a reinsurance intermediary.

The following applies to Reinsurance Intermediary Manager only:

I further certify that the contracts provided to the Superintendent pursuant to Title 24-A M.R.S.A. §747 contain all terms required by that section. Any provisions not consistent with Maine statutes will be null and void.

			Signature of License Applicant
			Typed/Printed Name of Above Signature
			Title
			Name of Organization
		Date	
and for the co	nd sworn to before me, a Notary Public ir bunty of day of	l	
Notary Signature	-		
Typed/Printed Nar	me of Notary		
My commission	on expires		
<u>Pleas</u>	se Note:		
FEES:			our application has been reviewed. Please, on. The continuation fee is due annually June

CONTACT: Barbra Garboski, Assistant Insurance Analyst

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